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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE JAT

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE JAT

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/17/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials JAT				

## ADDRESS

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## TITLE

Method and apparatus for joint equalization and decoding of multilevel codes

<b>FILING FEE RECEIVED</b> 776	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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